

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PT-047)**

SERIAL NO.

APPLICANT

FILING DATE

DA/658 785

9/8/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
1	1					
2						
3						
4						
6						
6						
7						
8						
9						
10						
11						
12						
13						
14						
16						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
28						
30						
31						
32						
33						
34						
36						
36						
37						
38						
39						
40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
60						
TOTAL WFO.	6					
TOTAL DEF.	44					
TOTAL	50					

	WFO.		DEF.		WFO.		DEF.	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
61								
62								
63								
64								
66								
66								
67								
68								
68								
69								
70								
71								
72								
73								
74								
76								
76								
77								
78								
79								
80								
81								
82								
83								
84								
86								
86								
87								
88								
89								
90								
91								
92								
93								
94								
96								
96								
97								
98								
99								
100								
TOTAL WFO.	9							
TOTAL DEF.	68							
TOTAL	77							